

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD

(Substitute for Form PTO-875)

Application or Docket Number
70075/50**CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	51	** 20 **
INDEPENDENT CLAIMS (37 CFR 1.16(d))	5	** 3 **
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(e))		

* If the difference in column 1 is less than zero, enter "0" in column 2.

12/15/04**CLAIMS AS AMENDED - PART II**

(Column 1) (Column 2) (Column 3)

AMENDMENT #	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	51	** 51 **	** — **
Independent Claims	5	** 5 **	** — **
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

5-16-05 (Column 1) (Column 2) (Column 3)

AMENDMENT #	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	51	** 51 **	** — **
Independent Claims	5	** 5 **	** — **
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

9-12-05

(Column 1) (Column 2) (Column 3)

AMENDMENT #	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	51	** 51 **	** — **
Independent Claims	5	** 5 **	** — **
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

- If the entry in column 1 is less than the entry in column 2, enter "0" in column 3.
- If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20".
- If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the Highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to be had by the USPTO in processing, preparing, and examining the completed application form to the USPTO. Time will very depending upon the individual case. Any comments or the support of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-8787 and select option 2.

BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 8, 2004

Application or Docket Number

10/675150

CLAIMS AS FILED - PART I

(Column 1)	(Column 2)
TOTAL CLAIMS	
FOR	NUMBER FILED
TOTAL CHARGEABLE CLAIMS	minus 20 = * —
INDEPENDENT CLAIMS	minus 3 = * —
MULTIPLE DEPENDENT CLAIM PRESENT	<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE

RATE	FEES	RATE	FEES
BASIC FEE	150.00	OR BASIC FEE	300.00
X\$ 25=		OR X\$50=	
X100=		OR X200=	
+180=		OR +360=	
TOTAL		OR TOTAL	

OTHER THAN
OR SMALL ENTITY

CLAIMS AS AMENDED - PART II

AMENDMENT A		(Column 1)	(Column 2)	(Column 3)
		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 51	Minus ** 51	= —
	Independent	* 5	Minus *** 5	= —
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

SMALL ENTITY OR OTHER THAN
OR SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 25=		OR X\$50=	
X100=		OR X200=	
+180=		OR +360=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

AMENDMENT B		(Column 1)	(Column 2)	(Column 3)
		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* Minus	**	=
	Independent	* Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 25=		OR X\$50=	
X100=		OR X200=	
+180=		OR +360=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

AMENDMENT C		(Column 1)	(Column 2)	(Column 3)
		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* Minus	**	=
	Independent	* Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 25=		OR X\$50=	
X100=		OR X200=	
+180=		OR +360=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.